

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

13 JAN 30 AM 11:57

STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Souki	Jeannine		808-544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Floor			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Watanabe Ing LLP			808-544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Floor			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

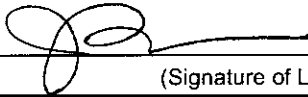
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Property Casualty Insurers Association of America		916-449-1370
MAILING ADDRESS (Street)		FAX
1415 L Street, Suite 670		EMAIL
(City)	(State)	(Zip Code)
Sacramento	CA	95814-3972
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Jeannine Souki		808-544-8300
MAILING ADDRESS (Street)		FAX
999 Bishop St., 23rd Floor		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/22/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Mark Sektnan

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Vice President

NAME OF ORGANIZATION (if applicable)

Property Casualty Insurers Association of America

TELEPHONE

916-449-1370

MAILING ADDRESS (Street)

1415 L Street, Suite 670

FAX

EMAIL

(City)

Sacramento

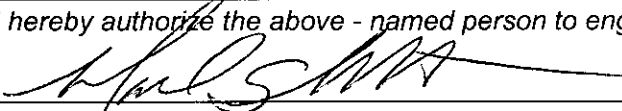
(State)

CA

(Zip Code)

95814-3972

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/11/13

(Date)